AO 240 (Rev. 10/03) RECEIVED UNITED STATES DISTRICT COURT 2005 AUG 18 P 1: 41 District of RLABAMA RAP. S. Dis APPLICATION TO PROCEED **Plaintiff** WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT CASE NUMBER: 2: 0500 792-F declare that I am the (check appropriate box) ✓ petitioner/plaintiff/movant in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion. In support of this application, I answer the following questions under penalty of perjury: □No (If "No," go to Part 2) Are you currently incarcerated? Yes Yes If "Yes", state the place of your incarceration St. Clair Correctional Facilit Are you employed at the institution? $\times \in S$ Do you receive any payment from the institution? $\times \in S$ Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions. ☐ Yes No. Are you currently employed? If the answer is "Yes", state the amount of your take-home salary or wages and pay period and give the name and address of your employer. If the ansswer is "No", state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. In the past 12 (twelve) months have you received any money from any of the following sources? Business, profession or other self-employment ☐ Yes ⊠ No a. b. Rent payments, interest or dividends ☐ Yes ☑ No Pensions, annuities or life insurance payments ☐ Yes No. Disability or workers compensation payments \square Yes ☑ No d. Gifts or inheritances ☐ Yes T₹ No e. f. Any other sources ⊠ No ☐ Yes If the answer to any of the above is "Yes", describe, on the following page, each source of money and state the

6. List the persons who are dependent on you for support, state your relationship to each person and

amount received and what you expect you will continue to receive.

Signature of Applicant

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4.	Do you have any cash or checking or savings accounts? Yes No					
	If "Yes", state the total amount					
5.	Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? Yes No					
	If "Yes", describe the property and state its value.					
6.	List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NDNE					
	I declare under penalty of manifest all the last of the second of the se					
	declare under penalty of perjury that the above information is true and correct.					
	8-11-05 Arek Kat					
	Date Signature of Applicant					

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

STATE OF ALABAMA DEPARTMENT OF CORRECTIONS ST. CLAIR CORR FACILITY

AIS #: 113814 NAME: KENT, FRED +

AS OF: 08/12/2005

 MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS	
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AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN JUL	19 30 31 30 31 31 28 31 30 31	\$0.38 \$12.91 \$0.08 \$10.12 \$13.75 \$4.85 \$2.40 \$80.10 \$48.04 \$6.00 \$12.32 \$23.89	\$0.00 \$100.00 \$60.00 \$120.00 \$175.00 \$45.00 \$70.00 \$60.00 \$50.00 \$80.00	
AUG	12	\$29.89	\$210.00 \$0.00	

Sworn to and subscribed before me this the 16th day of August 2005 Commission expires $\partial -\partial -07$